What is Your Attitude: Female and Male Drug Users
Executive Summary - 2003

Overview of Study

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons' residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects' release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not.

There is a large body of literature which discusses the gender specific treatment needs of women who use drugs. Some of these different treatment needs are supported by research indicating gender differences among drug users in sociodemographic and other background characteristics. However, studies generally do not systematically examine gender differences in motivations and other attitudinal characteristics. Evaluation of similarities and differences between men and women across a variety of attitudes at admission to drug treatment would likely clarify issues related to gender-specific treatment needs and may be helpful to the development of gender-specific programming. A first step in furthering our understanding of gender-specific treatment needs is to study attitudes related to the theoretical underpinnings of the treatment programs. The purpose of this study was to provide a comparative profile of men's and women's attitudes and motivations at the time they entered in-prison residential drug treatment programs.

The sample consisted of the treatment subjects who volunteered for treatment between 1991 and 1995. There were 1,189 men from 16 treatment programs and 300 women from 4 treatment programs.

Three types of measures were examined: self-efficacy, coping style, and motivation. The first two – self-efficacy and coping style – are concepts which underlie relapse prevention theory, a major theoretical component of the DAP programs. Self-efficacy is a cognitive concept based on social learning theory and is defined as confidence regarding one's ability to engage in a behavior in a particular situation. The third type of measure – motivation – has consistently been shown to be related to treatment volunteerism as well as treatment completion. Self-efficacy measures included the specific domain of drug use, as well as two general indicators. Self-efficacy, as it relates to the specific domain of drug use was measured by the Drug-Taking Confidence Questionnaire (DTCQ). The general measures of self-efficacy consisted of the Attributional Style Questionnaire and the Hope Scale. Coping skills were measured using the Ways of Coping Questionnaire and motivation was measured using the Change Assessment Scale.

In order to ensure that the attitudinal differences were not the result of gender differences in background characteristics, these factors were controlled. Thus, the gender differences are those which were found when controlling for race, ethnicity, age at time of admission to treatment and history of prior commitments. The results showed that there were gender differences for at least one of the subscales of each attitudinal measure and that these results were significant even after controlling for background characteristics. The means and standard deviations for each

measure are provided by gender in Table 1.

The specific measure of self-efficacy – the Drug-Taking Confidence Questionnaire – is a 50-item survey which assesses an individual's self-reported confidence in his or her ability to resist using drugs in a variety of high-risk situations which include physical and emotional states. The overall mean scores range from 0 to100 with a 0 representing the lowest level of self-efficacy and 100 representing the highest level. Individuals completed the DTCQ once for their primary illegal drug as well as a second time if they also had alcohol as a primary drug. Some individuals did not have an illegal drug as a primary drug. Eighty-three percent (n=1232) of the sample had a DTCQ score for an illegal drug and 17% (n=257) had a score for alcohol only. The results for the DTCQ showed that women had significantly lower scores than did men, indicating that women had less confidence in the ability to resist the urge to use drugs in a variety of situations. The results were consistent for those whose primary drug was an illegal drug as well as for those whose primary drug was alcohol.

The Hope Scale was used to measure general self-efficacy. This scale is comprised of two subscales. The first, agency, refers to a person's sense of successful determination in relationship to reaching one's general goals. The second, pathway, refers to a person's sense of being able to plan to meet one's goals. Each item was rated on a scale of 1 to 4 (1=definitely false to 4=definitely true) such that higher total scores for each subscale represent higher levels of self-efficacy. The results for this measure of general self-efficacy also showed women as having lower levels of self-efficacy. Women not only had lower agency but also lower pathway scores: women had less confidence in their ability to attain general goals and also had less confidence in their ability to plan for reaching these goals.

The revised Attributional Style Questionnaire was used as the second measure of general self-efficacy. Individuals rated the internality, globality and stability of the cause for each of 24 negative events on a scale of 1 to 7. Internality refers to attributing outcomes to oneself as opposed to others. Stability refers to attributing outcomes to enduring causes as opposed to transient causes and globality to outcomes which occur across a wide range of situations as opposed to specific situations. Higher scores indicate higher levels of internality, globality and stability. Findings for the Attributional Style Questionnaire showed gender differences but for only one dimension. There were no significant differences for globality or internality. However, women had lower stability scores than did men. Women were more likely than men to attribute the causes of negative events in their lives to transient causes.

Coping skills were measured using a modified version of the revised Ways of Coping Questionnaire. Procedures developed before administering the survey helped to ensure that the survey would elicit current coping mechanisms (e.g., ones used in prison) and not mechanisms that were used before incarceration. Individuals rated how often they used each of the coping mechanisms on a scale of 1 to 5 ranging from 1=never to 5=very often. The four scales used were: problem-solving (e.g., I make a plan of action and follow it), seek support (e.g., I accept sympathy and understanding from someone) escape/avoidance (e.g., I avoid being with people in general) and accept responsibility (e.g., I realize I brought on the problem myself). These four factors can be seen as representing two dimensions: active coping skills and passive coping skills. The escape/avoidance factor represents the passive dimension and the other three the active dimension. The results for the Ways of Coping Questionnaire showed significant gender

differences in mean scores for 3 of the 4 scales. The use of problem-solving methods was equally used by men and women. However, in response to very stressful situations, women were more likely then men to report seeking social support, accepting responsibility, and escaping.

The Change Assessment Scale contains four scales: precontemplation, contemplation, action, and maintenance. Individuals must realize they have a problem (i.e., not deny their problem - precontemplation), contemplate acting to address the problem (contemplation), take specific action (action) and after taking action, use strategies to maintain changes (maintenance). Individuals rated each of 32 items on a scale of 1 to 5 ranging from 1=strongly disagree to 5=strongly agree and the four scales consist of mean scores. Significant gender differences were found for only one of the four scales – precontemplation. Women were less likely than men to report that they did not have a drug problem.

Treatment Implications

The differences in attitudes and motivations towards treatment clearly confirm the need for gender-responsive treatment. Women, in general, exhibit particular characteristics related to their routes into drug use and recovery. These findings are consisted with the findings on socio-demographic and other background factors which show that incarcerated women with a substance use history have been found to confront more difficulties than men in substance use history, educational or employment background, family background, and mental health. Women are more likely to have used drugs more frequently, are less likely to have been employed before incarceration, are more likely to have a diagnosis of depression and are more likely to have been sexually abused than men. In addition, BOP female substance users are more likely to have been married to an individual with a substance abuse problem.

Several studies have found that women become immersed in serious drug use faster and in a more severe fashion than men. This deeper immersion into a drug-using lifestyle may be reflected in women's lack of confidence in that they have had more unsuccessful attempts at desistence in a longer drug using career and in that they may have more obstacles to surmount to tear themselves away from the drug-using lifestyle. Thus, the lower levels of self-efficacy among women may reflect a realistic comprehension of the effort needed to resist the urge to use drugs. Given that men are more likely to deny having a problem, it is possible that men's higher levels of self-efficacy are actually unrealistic.

These findings point to the importance of assessing women's confidence, both general and specific (e.g., drug-related) in the orientation phase of treatment. Through a comprehensive assessment of self-efficacy, a treatment plan can be developed which identifies the specific roadblocks that each women faces in increasing self-efficacy. These roadblocks include education, the ability to find work and earn a living wage, the need to support children, as well as other family and mental health background factors. The identification of the coping skills and other skills which need to be developed during treatment can therefore be more effectively achieved. Furthermore, clinicians will need to address questions about women's use of social support as a coping mechanism. Since many of the women have been associated with men with drug problems, are the social support systems of women comprised of individuals who will support their relapse

prevention goals? Clinical staff may need to focus efforts on how women can identify and develop appropriate social support networks.

Table 1. Mean and standard deviation for attitudinal measures: Men and women admitted to in-prison residential drug treatment.

	Women		Men	
MOTIVATION (1 to 5)	Mean	S.D.	Mean	S.D.
Precontemplation	1.79	.76	2.16*	.64
Contemplation	4.07	1.06	4.05	.62
Action	3.98	1.03	4.03	.61
Maintenance	3.44	1.00	3.37	.69
COPING (1-5)				
Problem-Solving	3.38	.64	3.31	.70
Social Support	3.26	.73	2.97*	.75
Responsibility	3.71	.73	3.28*	.81
Escape	2.77	.73	2.40*	.74
ATTRIBUTIONAL STYLE (1 - 7)				
Locus	4.90	.92	4.80	1.95
Stability	3.89	1.08	4.08*	1.06
Globality	4.04	1.29	3.92	1.23
HOPE SCALE (1-16)				
Agency	9.88	4.19	11.48*	3.41
Pathway	9.59	4.23	11.28*	3.48
DRUG-TAKING CONFIDENCE (0 to 100%)				
Illegal Drugs[1]	71.12%	24.37	77.30%*	22.01
Alcohol	59.57%	23.57	70.97%*	22.18

* T-test: $p<=.05$

[1] Significant difference on all scales except Scale 8 - Pleasant Times With Others.